



Special Considerations

- Risk factors for dehydration: altered thirst, decreased cognitive function, increased fluid losses, limitations in oral intake
- Consider cause and exacerbating factors such as; acute illness, fever N/V/D, medications (diuretics, ACE-I/ARB, etc.)
- Physical exam alone is not diagnostic (dry mucous membranes, sunken eyes, dry axilla, capillary refill, skin turgor)
- Do not correct sodium more than 10meq/L/day
- Water intoxication/overly rapid rehydration can cause cerebral pontine myelinolysis
- Review patient's goals of care including POST form and hospitalization preferences.

CMS Certification Criteria for Dehydration

<p>Fluid/ Electrolyte Disorder (up to 5 days)</p>	<p>MUST have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any acute change in condition <p>AND Two or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduced urine output in 24 hours OR reduced oral intake by approximately $\geq 25\%$ of average intake over 3 consecutive days <input type="checkbox"/> New onset systolic BP ≤ 100 mmHg (lying, sitting or standing) <input type="checkbox"/> 20% increase in BUN (e.g. from 20 to 24) <u>OR</u> 20% increase in serum creatinine- (e.g. from 1.0 to 1.2) <input type="checkbox"/> Sodium ≥ 145 or ≤ 135 <input type="checkbox"/> Orthostatic drop in systolic BP of 20 mmHg going from supine to sitting or standing.
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These are recommendations from expert consensus and an extensive literature review, including the AMDA Clinical Practice Guidelines. In practice, use your clinical judgements for individual patient care.